

Date of Report: ___ / ___ / ___

REPORT OF ACUTE PESTICIDE-RELATED ILLNESS OR INJURY

Patient Information	Patient's Name <i>(Last, First, Middle)</i>			Home Phone ()		Illness/Injury Onset Date		
				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Month	Day	Year
	Occupation	Date of Birth			Race			Hispanic/ Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Month	Day	Year	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Home Address <i>(Number and Street)</i>								
City			State		Zip		County	

Check here if patient is deceased Date of death ___ / ___ / ___

Exposure Information	Name of Pesticide <i>(Product name if possible)</i>			Date and Time of Exposure				
	Physical Location of Patient at Time of Exposure <i>(such as workplace, home, yard, school, other)</i>					Phone ()		
	Address: Number and Street <i>(if different than home address)</i>					City		State

Medical Information	Physician, Medical Facility or Other sending in this report					Phone ()			
	Address: Number and Street					City		State	Zip

Comments/Other relevant information? _____

For reporting requirements, see: www.ncdhhs.gov (under topic index, click P for pesticides).

**Please mail or fax to: Occupational and Environmental Epidemiology Branch
 Occupational Surveillance Unit
 N.C. Division of Public Health
 Mail Service Center 1912
 Raleigh, N.C. 27699-1912**

Telephone: 919-707-5900 Fax: 919-870-4810

Acute Pesticide-Related Illness and Injury Surveillance Program

The Pesticide Illness and Injury Surveillance Program monitors pesticide-related illness and injury. Reporting ensures that incidents are recorded and enhances prevention of pesticide-related illnesses and injuries. When we learn about your patient, we can offer resources to help prevent further exposure. Your reports also help Public Health to initiate investigations to identify factors contributing to hazardous exposures and to then make recommendations about safe handling practices. Through collaboration, we can help protect the health of those who live and work in our state.

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Occupational Surveillance Unit
Occupational and Environmental Epidemiology Branch
Division of Public Health
NCDHHS
1912 Mail Service Center
Raleigh, N.C. 27699-1912

CONFIDENTIAL REPORT

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Physician Reporting: Pursuant to N.C. 10A NCAC 41F .0101 - .0103 physicians (to include physician assistants and nurse practitioners) are required to report confirmed or suspected cases of acute pesticide-related illness or injury within **48 hours** of diagnosis, immediately for cases resulting in death. Please complete the information requested on the reverse of this page for cases which fit the above description. Enter any additional information that you feel is relevant in the comment section. Examples include factors contributing to exposure, activities performed during time of exposure, tests conducted, etc. All information reported is considered confidential, identifying information is protected within the confidentiality guidelines for the Epidemiology Section, NCDHHS. *Physicians may call Carolinas Poison Center to report a case to fulfill reporting requirements @ 1-800-222-1222 Option 5.*

For Questions Regarding Pesticide Toxicology or Clinical Management, Call: Carolinas Poison Center (CPC) 1-800-222-1222; National Pesticide Information Center (NPIC) 1-800-858-7378; or the N.C. Division of Public Health toxicologist or medical epidemiologist (MD) at 919-707-5900.

Need More Information?: Information about reporting requirements, pesticides, and available resources can be found at www.ncdhhs.gov (click P for pesticides under Topic Index).